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TO: Examiner D. Trair
U. S. Patent & Trademark Office
Group Art Unit 2624

FROM: Andrew D. Mickelsen, Reg. No. 50,957.

RE: U.S. Application No. 08/909,966
Atty. Docket No.: 00862,001922

FAX NO.: (703) 872-9306

DATE: February 5, 2004

NO. OF PAGES: 18
(including cover page)

MESSAGE

Attachments:

- 1) Amendment Transmittal
- 2) Amendment

Continuent of Transmission

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In re Application of:

Docket No. 00862.001922

YUICHI HIGUCHI, et al.

Application No.: 08/909,966

Filed: August 12, 1997

For: PRINTING APPARATUS AND

ITS CONTROL METHOD

Examiner: D. Tran

Group Art Unit: 2624

Date: February 5, 2004

Mail Stop Non-Fee Amendment The Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | | |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|---|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | , | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | * 19 | MINUS | ** 52 | = 0 | x \$9 \$18 | \$ | 0 |
| INDEP. CLAIMS | * 6 | MINUS | *** 19 | = 0 | x \$43 \$86 | \$ | 0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ | 0 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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ANDROW D. MICKELSON

Page 1 of 2



| | Verified Statement claiming small entity status is enclosed, if not filed previously. |
|---|---|
| | A check in the amount of \$ is enclosed. |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. |
| | A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | Attorney for Applicants |
| | Registration No. <u>50,957</u> |

FCH&S COSTA MESA

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